



Northamptonshire Health & Wellbeing Board

**Minutes of the Health and Wellbeing Board Meeting
held at 10.40 am on Thursday 18th May 2017
Sunley Management Centre, University of Northampton**

Present:

Cllr. Sylvia Hughes - Chair	(SH)	Cabinet Member for Health and Wellbeing, Northamptonshire County Council
Professor Nick Petford Vice Chair	(NP)	Vice Chancellor, University of Northampton
Dr Darin Seiger - Vice Chair	(DS)	Chair, NHS Nene Clinical Commissioning Group
Cllr Chris Millar - Vice Chair	(CM)	Leader, Daventry District Council
Graham Foster	(GF)	Chair, Kettering General Hospital
Dr Jo Watt	(JWt)	Chair, NHS Corby Clinical Commissioning Group
John Wardell	(JW)	Chief Operating Officer, NHS Nene Clinical Commissioning Group
Dr Jonathan Ireland	(JI)	Chair, LMC
Cllr Bill Parker Substitute	(BP)	Cabinet Member for Adults, Northamptonshire County Council
Cllr Heather Smith	(HS)	Leader, Northamptonshire County Council
Dr Carolyn Kus	(CK)	Corporate Director Place, Northamptonshire County Council
Teresa Dobson	(TD)	Chair, Healthwatch
David Oliver	(DO)	Chief Executive, East Northants Council
Dawn Cummins	(DC)	Interim Chief Executive, Voluntary Impact Northamptonshire
Nicci Marzec Substitute	(NM)	Early Intervention Director, Office of Northamptonshire Police and Crime Commissioner
Dr Sonia Swart	(SS)	Chief Executive, Northampton General Hospital
Carole Dehghani	(CD)	Chief Operating Officer, NHS Corby Clinical Commissioning Group
Paul Blantern	(PB)	Chief Executive, Northamptonshire County Council
Angela Hillery	(AH)	Chief Executive, Northamptonshire Healthcare Foundation Trust
Mark Evans	(ME)	Early Intervention Lead, Northamptonshire Police

In Attendance as observers:

Peter Lynch	(PL)	Health and Wellbeing Board Business Manager Northamptonshire County Council
Anna Earnshaw	(AE)	Managing Director, Northamptonshire Adult Social Services
Mike Coupe	(MC)	Director, Sustainable Transformation Programme
Tansi Harper	(TH)	Vice Chair, NHS Corby Clinical Commissioning Group

Minute Taker:

Cheryl Bird	(CB)	Northamptonshire County Council
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Apologies:

David Sissling	(DSi)	Chief Executive, Kettering General Hospital
Lesley Hagger	(LH)	Director for Childrens, Families and Education
Paul Farenden	(PF)	Chair, Northampton General Hospital
Cllr Matthew Golby	(MG)	Cabinet Member for Childrens, Northamptonshire County Council
Simon Edens	(SE)	Chief Constable, Northamptonshire Police
Crishni Waring	(CW)	Chair, Northamptonshire Healthcare Foundation Trust
Stephen Mold	(SM)	Northamptonshire Police and Crime Commissioner
Dr Peter Barker	(PBa)	Interim Director of Public Health and Wellbeing Northamptonshire County Council

A1 Declarations of Interest

SH formally requested declarations of interest. AH is Director of 360 Care (GP Federation).

A3 Minutes from the previous meeting 23rd March 2017

Two amendments are to be made to the minutes from the previous meeting held on the 23rd March:

- CK's title is to be amended to Corporate Director Place,
- CD's title is to be amended to Chief Operating Officer.

The rest of the minutes were agreed as an accurate record.

B1 Development Session Report, End of Life Care

B1.1 DS gave the Board a brief update on the development session held on the 29th March around the theme of End of Life Care: removing the cultural taboos, where discussions took place about the last years of life, with the aim to encourage thinking about advanced care planning. DS noted it is everyone's responsibility to ensure people have their wishes for care in the last years of life documented in order for these to be achieved and organisations need to ensure that clinicians and front line staff are trained to have these conversations with patients.

B1.2 PBa gave a presentation showing statistics of the causes of death within the county, and this will be circulated with the minutes. Dr David Riley a Consultant in Palliative Care cited patient stories where improvements could have been made and articulated the experiences patients face in their last years of life. DS noted conversations about end of life care should ideally be undertaken before a patient becomes critically ill as these discussions taking place in an acute setting is not beneficial to the patient or family. Nurses at NGH, KGH and NHFT are working with primary care to analyse successful delivery of care and identify areas that need improvement with the aim to improve care and the end of life experience for patients.

B1.3 The agreed outcomes from the session is for partners to use the Advanced Care Planning created by NHFT and for this to be taken forward across the county. There also needs to be a countrywide form to run alongside, but the national RESPECT form being piloted is not flexible enough and may lead to confusion with some patients and clinicians.

B1.4 DO highlighted a comment made at the development session where Age UK provides excellent services but NHS staff don't have the flexibility to commission more of these due to financial constraints. JWt noted the contribution of families must be considered and the third sector can play a huge part in supporting families as well the person at the end of their life. The board noted the report.

B2 Proposal for a new Crime Reduction and Rehabilitation Delivery Group

B2.1 NM gave the Board an overview on the proposal to create a Crime Reduction and Rehabilitation Delivery Group. Housing, training and employment all provide a stable environment for people which is a vital element in crime reduction and rehabilitation and also meets some of the objectives contained within the Health and Wellbeing Strategy. This new group would focus on the work of the wider objectives of the Health and Wellbeing Strategy and become a delivery mechanism for health and wellbeing.

B2.2 This proposal aims to rationalise the crime and the community safety agenda and would be linked to Safeguarding Boards and CSPs across the county. Modern slavery would be incorporated into the wider remit of this group and NM will look at the analysis of the drug treatment services impact on crime reduction and rehabilitation.

B2.3 ME asked for SE to have an initial briefing about the remit for this group and the goals in relation to other independent Boards before the first meeting takes place on the 20th June. NM agreed and is happy to provide individual briefings for partners if required.

Action:NM

B2.4 NM asked the Health and Wellbeing Board to endorse this proposal and for all partners to ensure they can contribute to the work of this group. The board endorsed this proposal with the caveat that the chief constable is briefed.

C1 Update Report: Board Member Organisations and Activity:

C1.1 NP advised that the Reverend Richard Coles is the new Chancellor for the University of Northampton until 2023. The National Competency Test Centre is operational and NP offered to host a Health and Wellbeing Board meeting and to conduct a tour before the Board meeting commences. SH agreed. PL to liaise with NP to arrange a date.

Action:PL/NP

C1.2 NP noted a key element of the Higher Education and Research Bill is that there will be a guaranteed year on year increase in university tuition fees by inflation and ensures the status of university as private entities. International students are classed as immigrants and will be included in the government's immigration targets.

C1.3 DC advised there is an Overnight Sitting Service run by Northamptonshire Carers helping to support people being discharged from hospital by providing care in first two nights. DC added voluntary organisations can offer support to those in need, but clinicians often do not have information about these services and how they can be accessed, so work is ongoing to address this. There is an element of planning involved although it is a reactive service, there is a cost attached to the service but it is better than value using health services and better to build the capacity within the community. DC will discuss with JI the number of volunteers providing the service and the costs involved.

Action:DC

TD added the overnight sitting service also could be expanded to help with the inflow of patients, to give additional support to those entering crisis to prevent admittance to hospital. DC agreed and added it would be beneficial to expand this service, and clinicians would need assurances that services they send patients to will provide good quality care. AE noted that Northamptonshire County Council are looking to expand their emarket place Brolly to include wider services and care provision.

C2 STP Updates

C2.1 JW gave the Board an update on the STP programme. There is a new STP Programme Director, Mike Coupe, who is continuing to work through and firm up granular detail on projects and deliverables.

C2.2 The Five Year Forward View refresh document has prompted some other changes including a shift towards Accountable Care Systems (ACS) and commissioner functions moving towards a longer-term strategic model. It is important to get the balance right between delivery for today and planning for tomorrow. Articulation of a system operating plan is now becoming possible with greater assurance of component parts, enabling both quality and fiscal gaps to be better addressed. A high-level system workshop with Chief Executives has been held recently and an item will be on the agenda for the next STP Board agenda meeting to discuss what this might look like. JW asked All to review the sections contained in the Five Year Forward View relating to the STP.

Action:All

C2.3 There is a national requirement for a submission to be made in June to articulate the progress and interconnectivity around the underlying strategic work to give a clearer narrative for the county. TD noted there is a need to ensure as plans become more detailed, voluntary sector services are kept at the same level in particular with supporting carers. JW agreed and will ensure carers is noted within the STP.

C2.4 JI would like to have a core shared understanding of what same day care access and specialist care centres would look like, and how the new GP service in A&E impact and interact with the same day care access in general practice. AE noted there have been challenges with utilising specialist care/step down beds and this has been reviewed to ensure they are used to maximum benefit and value. AE and JI will discuss this further outside the meeting.

Action:JI/AE

C2.5 JW commented the financial challenge across the whole health and social care system is visible to everyone and we need to progress with creating the structure of how services will look for the future, and determine what is right for Northamptonshire. The challenge is to ensure the available finances are spent wisely, to reduce duplication of services and focusing resources on the right areas. A lot of work has been completed around same day access, but we are struggling to communicate these messages to the public and this needs to be addressed. PB noted work has been progressing on combining commissioning and proposals will be sent to PB, CD and JW to review next week. PB observed that Duncan Selby recently visited Northamptonshire County Council and met with system leaders within the county and was complimentary about partnership working.

C3 BCF Update

C3.1 AE gave the Board an update on the BCF. The BCF plan for 2017/2019 is not yet completed as the planning guidance for the BCF has been delayed, although there is a clear set of policy guidance available on what the BCF should look like and outlines the planning processes. The key conditions from the guidance are:

- The BCF plan will need to be signed off by the Health and Wellbeing Board,
- Social care spending is to be protected
- Focus will remain on commissioning out of hospital services and the implementation of the high impact change model for transferring care.

C3.2 NCC is proposing the BCF money will be aimed at providing seven day services and to have trust assessors on hospital wards, with early discharge and multi-disciplinary team helping to relieve delayed discharge of care. The key indicators have now been reduced to four which are:

- Reduction in Non-Elective Admissions,
- Reduction in Delayed Transfer of Care,
- Reduction in number of people having long-term care needs met in a residential setting,
- Increase number of people still at home 91 days after hospital discharge.

C3.3 The DFG proposals for this year are included in the BCF plan as well as the social capital grant and the need to passport this money straight to the districts and boroughs. The districts and boroughs will need to submit plans to this Board for sign off outlining how the money will be spent and outcomes achieved. Joint work has been ongoing between NCC and the CCGs to discuss how the BCF plan for 2017/2019 will look and a narrative will be produced at the end of May detailing the vision and objectives. There will then be a further narrative providing more detail on the schemes contained within the plan and financial and legal aspects. The key themes for this plan are:

- Admission avoidance,
- Discharge to recovery,
- Community and prevention
- Enabling projects such investing in technology
- Seven day working
- Trusted assessment.

AE will bring the detailed plan to the next Board meeting to ask for sign off for the BCF schemes for 2017/2019.

Action:AE

C3.4 CK gave the Board a brief update on the money for the IBCF (Improved Better Care Fund) which equates to £23 million over a three year period, the plan covers four key themes:

- Market capacity and sustainability- this will enable contracts for domiciliary care to be retendered, to be outcome focused and providers have given their approval for this approach.
- Build community resilience, look at investing in the community connect model
- Improve the health and social care interface, have more crisis response teams, invest in Start teams and trusted assess model and seven day service model.
- Utilise a current care home to a step down facility for both younger and older adults.

Money has been set aside to maintain social care and the demographic services. There are grant conditions against the IBCF which will be monitored by the Health and Wellbeing Board, signed off by the S151 officers quarterly and returned to central government. CK confirmed the voluntary sector will play a key role around the Community Connect model and discussions will be held between AE and the voluntary sector around this. AH noted that as this Board continues to monitor the BCF there is a need to see improved outcomes delivered through the urgent care and complex care pathways. SS advised at the A&E Delivery Board meeting taking place later, the BCF will be discussed and how this can be delivered to reduce delayed transfers of care, in a coordinated way and for actions to be attached to outcomes. TD commented that there needs to be wider communication with the public as plans develop, to help the public to understand what is happening and to help build trust. The Board noted the report and agreed to the recommendations.

C4 Northamptonshire Adults Social Services (NASS)

C4.1 AE gave the Board an update on the Northamptonshire Adult Social Services. This organisation is currently in shadow form and will become a legal entity on the 1st September 2017. The new organisation contains Olympus Care Services, Adult Social Services and Adult Commissioning, providing end to end social care services. The new operating model will focus on short term prevention, intervention services, alongside more complex long term services and a new commissioning and brokerage service. Part of NASS design is for short term care to be split into two focuses, health facing and community facing services which will enable a more economical resource to be used in hospitals to protect community services. AE acknowledged there is issue with the shortage of qualified adult social workers, more qualified social workers will be recruited this year.

C4.2 AE confirmed the safeguarding function and statutory DASS role will remain within the NCC Core group to ensure the independence of the assurance and monitoring function. Implementation for Brolly will begin in June, with testing live sections be in last quarter of

2017. There will be more focus on longer term specialised care services, with more qualified social workers to be able to divert more people to health based qualified professionals rather than hospital services.

C4.3 AE confirmed NCC is fully committed to maintain funding for carers. DC noted any closures of day care centres and their facilities adds more pressure on the voluntary sector and local charities. AE confirmed there are no plans to close day centres going forward, but they need to be reviewed to ensure they are being properly utilised and perhaps look at the services FfW offer going forward. The need to engage with the wider voluntary and community sector to help achieve the change required was noted.

C5 Childrens Company Briefing

PB updated the Board on the new federated vehicle for Childrens services, the name for the company is yet to be formally released. The Department of Education have provided £4 million to help transform and create a county based company for children services and there is programme director and DFE support person in place. There will be three key elements to the Childrens Company:

- Core Childrens services,
- Charity based, bring in external funding
- Commercial arm to deal with business to business services.

LH will provide a more detailed update at the next Board meeting.

Action:LH

C6 ACE Task and Finish Group Update

SH confirmed there are currently no updates from the ACE task and finish group. ME will circulate to Board members the link to ACE awareness video on work ongoing in South Wales and Lancashire.

Action:ME

F1 Any Other Business

SH thanked CK for her contribution to the Health and Wellbeing Board over the years.

F2 Take Home Messages

GF gave the take home messages from today's meeting.

- There is a clear desire for partners to work together and developing experience on how to do this.
- Welcomed the opportunity for partners to be able to work together on the improved BCF and will hopefully be an exemplar to show good partnership working.
- GF noted and thanked health staff and their efforts during cyber attacks in county and added the importance of investing in infrastructure across the county.

Date of the Next Meeting

The date of the next meeting will be on the 20th July 2017 11.00 am in the Board Room, Francis Crick House, Moulton Park, Summerhouse Road, Northampton, NN3 6BF.

Signed.....

Dated.....